

Date: _____

REQUEST FOR COPY OF BIRTH CERTIFICATE
Revised: 10/1/2009

PLEASE PRINT

DO NOT MAIL CASH

FULL NAME AT BIRTH: _____
FIRST MIDDLE LAST NAME

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
Month Day Year Town/City

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST NAME

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE LAST NAME

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____

SIGNATURE: X _____

REASON FOR MAKING THE REQUEST: _____

TELEPHONE NO: _____ E-MAIL ADDRESS: _____

☐ FULL SIZE

\$20.00 EACH

NUMBER OF COPIES: _____

☐ WALLET SIZE

The wallet size birth certificate contains less information than the full size certificate. It may not satisfy all proof of identification requirements, such as those needed for a passport.

\$15.00 EACH

NUMBER OF COPIES: _____

TOTAL NUMBER OF COPIES:

_____ X \$20.00 = \$ _____

_____ X \$15.00 = \$ _____

TOTAL: \$ _____

PLEASE DO NOT MAIL CASH.

Attach a copy of the requester's valid government issued photo ID or passport below:

Or two (2) forms of the following:

- Social security card
- Written verification of identity from employer
- Automobile registration
- Copy of utility bill showing name and address
- Voter's registration card

Make checks payable to:

East Hampton Town Clerk

20 East High Street

East Hampton, CT 06424

For questions, please feel free to contact this office at (860) 267-2519.

If applicable, please provide verification of relationship to the registrant (for example, an individual requesting his/her parent's birth certificate must provide a certified copy of his/her own birth certificate).

*If adopted, please provide your adoptive name and adoptive parents' information.

*If you had your name legally changed, please provide a copy of the court documents authorizing the name change.